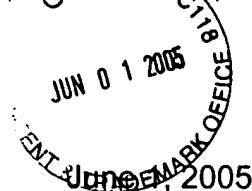


06-02-05

1632

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"Express Mail" mailing number EV579134566USDate of Deposit June 1, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
 Amy Yost

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: U.S. Patent Application Serial No. 09/058,546 for  
RETROVIRAL VECTORS CARRYING SENESCENT  
CELL DERIVED INHIBITORS 1 (SDI-1) OR ANTISENSE  
SDI-1 NUCLEOTIDE SEQUENCES  
Our Ref. No. 1406/203 (formerly 2316.1008-000)

Sir:

Please find enclosed in connection with the subject U.S. patent application the following documents:

1. An Amendment Transmittal Form including a Petition for Extension of Time (2 pgs.) in duplicate;
2. An Amendment (31 pgs);
3. Copy of Varmus, *Science*, **240**: 1427-1435 (1988);
4. A return-receipt postcard to be returned to us with the U.S. Patent and Trademark Office filing stamp thereon; and
5. A Certificate of Express Mail No.: EV579134566US.

tel 919.493.8000  
fax 919.419.0383

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JenkinsWilsonTaylor.com

University Tower, Suite 1400 | 3100 Tower Boulevard | Durham, North Carolina 27707

Commissioner for Patents  
June 1, 2005  
Page 2

The Commissioner is hereby authorized to charge any fees associated with the filing of this correspondence to Deposit Account Number 50-0426.

Respectfully submitted,

JENKINS, WILSON & TAYLOR, P.A.



Arles A. Taylor, Jr.  
Registration No. 39,395

AAT/CPP/acy

Enclosures

Customer No: 25297



Practitioner's Docket No. 1406/203

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Gunzburg et al.

Application No.: 09/058,546

Group No.: 1632

Filed: 04/10/1998

Examiner: Wilson, Michael C.

For: RETROVIRAL VECTORS CARRYING SENESCENT CELL DERIVED INHIBITORS 1 (SDI-1)  
OR ANTISENSE SDI-1 NUCLEOTIDE SEQUENCES

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$510.00

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**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is **mandatory**;  
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**37 C.F.R. § 1.8(a)**

☐ with sufficient postage as first class mail.

**37 C.F.R. § 1.10\***

☒ as "Express Mail Post Office to Addressee"  
Mailing Label No. **EV579134566US** (mandatory)

**TRANSMISSION**

☐ facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_ - \_\_\_\_\_.

  
Signature

Date: 6/1/2005

Amy Yost

*(type or print name of person certifying)*

\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	30	— 52	= 0	x \$ 25.00	= \$ 0.00		
INDEP.	10	— 10	= 0	x \$ 100.00	= \$ 0.00		
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$ 0.00		
				TOTAL ADDIT. FEE	\$ 0.00		

No additional fee for claims is required.

### FEE PAYMENT

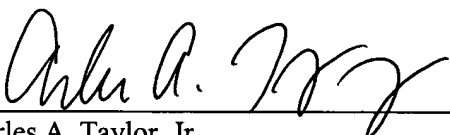
5. Authorization is hereby made to charge the amount of \$510.00 to Deposit Account No. 50-0426.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

Date:

06/01/2005

  
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